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**Commission on Population and Development**
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**General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development**

## Statement submitted by Women's Global Network for Reproductive Rights, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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## Statement

The present statement is submitted by Women's Global Network for Reproductive Rights, which represents more than 1,000 organizations and individuals from 73 countries, working towards the fulfilment of sexual and reproductive health and rights for all, with a specific focus on the rights of women and girls.

While recognizing the substantial progress made over the past 20 years in the implementation of the Programme of Action of the International Conference on Population and Development, including the recognition of sexual and reproductive rights as human rights, their inclusion as part of many national, regional and international policy frameworks and the development of public policies allowing better access to sexual and reproductive health in the world, such progress has not been universal and many countries are still failing to meet targets set out in the original Programme of Action.

We continue to see a high correlation between countries that have failed to fully implement the Programme of Action and poverty and child and maternal mortality. There is a lack of real commitment to ensure the right of women and girls to decide upon all aspects of their reproductive health, including the right to choose whether to continue or end a pregnancy. An estimated 47,000 women die each year owing to unsafe abortion, accounting for an estimated 13 per cent of maternal deaths worldwide. Five million women are hospitalized each year for the treatment of abortion-related complications, such as haemorrhage and sepsis. Almost all abortion-related deaths occur in developing countries, with the highest number in Africa, followed by Asia and Latin America.

Access to safe and legal abortion is a human right. When Governments deny this basic women's right, they are endorsing and tolerating institutional violence against women.

Since 1994, when 179 Governments signed the Programme of Action, signalling their commitment to preventing unsafe abortion, more than 25 countries worldwide have liberalized their abortion laws. However, seven countries in Latin America and the Caribbean — Chile, the Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua and Suriname — along with the Philippines in Asia and Malta in Europe still prohibit access to abortion under all circumstances, even to save a woman's life, and nearly 80 other countries maintain severely restrictive laws on abortion.

Most countries with severe abortion laws are in the global South. Even though access to safe and legal abortion was achieved in most of the industrialized countries of Europe and North America during the period of liberal reforms between 1950 and 1985, a number of worrying trends and challenges, representative of the ongoing rise of religious, political and economic extremism, is resulting in the imposition of restrictive measures that deny women access to affordable abortion services.

As a result of both the lack of commitment by Governments to create progressive legal frameworks to address unsafe abortion and the restriction of access to safe abortion owing to pressure by conservative lobbies, women and girls suffer grave human rights violations, as described below.

**Maternal mortality and morbidity**

The criminalization of abortion forces women to carry unwanted pregnancies, even in cases that result from rape or pose a threat to health and life, amounting to torture, as noted by international human rights bodies. In other cases, such illegality has pushed women to resort to unsafe services, thereby putting their lives and personal integrity at risk.

**Injustice**

Women and girls are regularly stigmatized and criminalized and many have lost their freedom. Such cases have been documented in Brazil, El Salvador and Mexico, where women and adolescent girls have been reported to the authorities by the service providers attending to them for complications from unsafe abortions, spontaneous abortions, premature birth, still birth or other obstetric emergencies. In some cases, after facing a repressive justice system that violates the presumption of innocence, women have been given the most severe penalties, ranging from 20 to 40 years in prison.

**Stigma and discrimination**

Young, poor and unmarried women are disproportionately affected by the criminalization of abortion. When they terminate a pregnancy, they do so in high-risk situations, making such criminalization an issue of social injustice deeply rooted in discrimination based, for example, on economics, ethnicity, race, class and immigration status. The stigma that surrounds abortion and women's human rights defenders working towards abortion rights contributes to the social, medical and legal marginalization of abortion. As a result, advocates of abortion rights have been harassed and criminalized simply because they have challenged a patriarchal system that suppresses women's rights.

Governments need to address the failures of the past 20 years and initiate a holistic, forward-looking and relevant post-2015 development agenda. We believe that sexual and reproductive health and rights must be central to the goals and targets and must go beyond a very narrow reflection of these rights as "maternal health care" or "reproductive health" issues. Human rights must explicitly be referenced, with the understanding that any meaningful effort towards sustainable development must posit people as the drivers of development rather than as passive receivers of aid priorities and programming.

We hold the Governments accountable to their existing commitments and continue to take action to ensure that national policies effectively guarantee access to safe, legal, affordable, accessible, high-quality and youth-friendly abortion services, along with information about how to locate and access such services.

In light of the urgency of addressing the denial of access to safe and legal abortion as a human rights violation, with reference to the assessment of the status of implementation of the Programme of Action, the Network calls for the following:

(a) The Commission should recall the commitments made 20 years ago and consider the failure of the States parties to meet those commitments, including with regard to the omission from the agenda of access to safe and legal abortion. Such access is called for in other international commitments, such as the Convention on the Elimination of All Forms of Discrimination against Women, the International

Covenant on Economic, Social and Cultural Rights and other international human rights treaties;

(b) The resolution should recommend the inclusion of access to safe and legal abortion as a human right and emphasize the inclusion of sexual and reproductive health and rights as the core principles of the new development agenda;

(c) The following demands around access to safe and legal abortion should be reflected in the new development agenda:

(i) Decriminalize abortion and remove all legal and implementation barriers to ensure access to safe, comprehensive, free and high-quality procedures for pregnancy termination, without requirements for spousal or parental consent;

(ii) Immediately release young people and women incarcerated owing to the criminalization of abortion and put an end to such criminalization, especially in countries where the prohibition is absolute;

(iii) Provide accurate and scientifically sound information on access to safe and legal abortion to the entire population, without discrimination, and take steps to limit the stigma and misinformation relating to abortion;

(iv) Remove sociocultural barriers that reinforce gender stereotypes about motherhood and that stigmatize women and girls, preventing them from free and informed decisions about their sexuality and their own bodies;

(v) Ensure that HIV programming includes a sexual and reproductive health and rights perspective and gives women choice in treatment options, including whether to continue a pregnancy;

(vi) Ensure access to comprehensive sexuality education that is gender sensitive and life skills-based in a manner consistent with the evolving capacity of adolescents and young people;

(vii) Ensure universal access to a wide variety of high-quality contraception, including emergency contraception, that is user-friendly and appropriate to the needs of girls, adolescents and women, while ensuring confidentiality;

(d) The assessment process should also reflect on the role played by women's human rights defenders, call for an end to the harassment, criminalization and aggression aimed at sexual and reproductive health and rights advocates and ensure the security and integrity of women's rights defenders threatened by repressive mechanisms of the State or by civil groups that promote hatred and fundamentalism.